

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	MELIA B		
O.I.P.E. CLASSIFIER		49	12/3/01
FORMALITY REVIEW	TH	1118	12-05-01
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) .. Canceled
 ÷ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	1/10/03
2	✓ 1/10/03
3	✓ 1/10/03
4	✓ 1/10/03
5	✓ 1/10/03
6	✓ 1/10/03
7	✓ 1/10/03
8	✓ 1/10/03
9	✓ 1/10/03
10	✓ 1/10/03
11	✓ 1/10/03
12	✓ 1/10/03
13	✓ 1/10/03
14	✓ 1/10/03
15	✓ 1/10/03
16	✓ 1/10/03
17	✓ 1/10/03
18	✓ 1/10/03
19	✓ 1/10/03
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29	✓ 1/10/03
30	✓ 1/10/03
31	✓ 1/10/03
32	✓ 1/10/03
33	✓ 1/10/03
34	✓ 1/10/03
35	✓ 1/10/03
36	✓ 1/10/03
37	✓ 1/10/03
38	✓ 1/10/03
39	✓ 1/10/03
40	✓ 1/10/03
41	✓ 1/10/03
42	✓ 1/10/03
43	✓ 1/10/03
44	✓ 1/10/03
45	✓ 1/10/03
46	✓ 1/10/03
47	✓ 1/10/03
48	✓ 1/10/03
49	✓ 1/10/03
50	✓ 1/10/03

Claim	Date
51	Final 1/10/03
52	Original 1/10/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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